



THE 5TH ANNUAL ERNIE DUNTON MEMORIAL TABLE TENNIS TOURNAMENT

AT THE CARL GIPSON SENIOR CENTER OF EVERETT, WA

SATURDAY & SUNDAY, NOVEMBER 7 & 8, 2015

SAT. 9:30 AM-5 PM/SUN. 9:30 AM-5 PM

3025 LOMBARD, EVERETT, WA 98201 (CORNER OF LOMBARD & PACIFIC)

FREE COVERED PARKING, ENTRANCE AT WALL STREET

PHONE: 425.257.8780 • FAX: 425.257.8677

CUT HERE TO KEEP AS REMINDER

REGISTRATION FORM **ENTRY DEADLINE IS THUR, OCT. 29, 2015.**

You must be at least 50 years old to play. Late entries up to Monday, Nov. 2, 2015 with \$25 late fee.

You can download a PDF of this form at:

www.everettwa.org/default.aspx?ID=2211

NAME (Last, First, Middle Initial)	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS (Street Address, City, State, Zip)	BIRTHDATE:
PHONE NUMBERS (Home Phone, Cell Phone)	EMAIL:
EMERGENCY CONTACT (Name and Phone Number)	USATT/CANADIAN RATING:

EVENTS ALL FIRST ROUND MATCHES ARE 3 OF 5 ROUND ROBIN FORMAT. Playoffs will be Round Robin if time permits; single elimination if time does not. Yellow 3-Star Premium Nittaku balls used. This tournament strictly observes and adheres to USATT Laws of Table Tennis. Accordingly, participants are expected and required to comply with its service rules. In the interest of competitive fairness, sportsmanship and rules compliance, this tournament will provide umpires.

<input type="checkbox"/> MEN'S SINGLES RR: <input type="checkbox"/> 50-65 <input type="checkbox"/> 66+	<input type="checkbox"/> WOMEN'S SINGLES RR: <input type="checkbox"/> 50-65 <input type="checkbox"/> 66+
<input type="checkbox"/> MEN'S DOUBLES RR: Partner Name _____ Or <input type="checkbox"/> Partner Wanted, all ages	<input type="checkbox"/> WOMEN'S DOUBLES RR: Partner Name _____ Or <input type="checkbox"/> Partner Wanted, all ages
<input type="checkbox"/> MIXED DOUBLES RR: Partner Name _____ Or <input type="checkbox"/> Partner Wanted, all ages	

HOLD HARMLESS: I release and hold harmless the City of Everett, and its officers, employees, and agents from all claims (including personal injury claims) arising from or relating to my participation in this table tennis tournament.

TWO-DAY EVENT: I understand this is a two-day tournament. Please initial to indicate this:

SIGNATURE: _____ **DATE:** _____ **INITIAL:** _____

TOURNAMENT FEE: \$55

Members of The Carl Gipson Senior Center: \$50 MEMBER NUMBER: _____

Plenty of great snacks, drink & lunch for both days are included with your fee.



- Checks & money orders accepted: Mail this completed form with your check or money order payable to The Carl Gipson Senior Center of Everett
Attn: Table Tennis Tournament
3025 Lombard, Everett, WA 98201
- To pay with VISA or MasterCard, first call (425) 257-8780 with your credit card number and expiration date. You can then mail this completed form to the address above, or scan and email it to Marian Johnson at mjohnson@everettwa.gov

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